

<i>SERFF Tracking Number:</i>	<i>UNAM-126413939</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Pyramid Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44298</i>
<i>Company Tracking Number:</i>	<i>PYR AMENDMENT</i>		
<i>TOI:</i>	<i>MS04I Individual Medicare Supplement - Medicare Select</i>	<i>Sub-TOI:</i>	<i>MS04I.001 Plan A</i>
<i>Product Name:</i>	<i>Medicare Select Plan of Operations Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: Medicare Select Plan of Operations Amendment SERFF Tr Num: UNAM-126413939 State: Arkansas

TOI: MS04I Individual Medicare Supplement - Medicare Select SERFF Status: Closed-Accepted State Tr Num: 44298
For Informational Purposes

Sub-TOI: MS04I.001 Plan A	Co Tr Num: PYR AMENDMENT	State Status: Filed-Closed
Filing Type: Form	Author: Holly Parenti	Reviewer(s): Stephanie Fowler
	Date Submitted: 12/10/2009	Disposition Date: 01/13/2010
		Disposition Status: Accepted For Informational Purposes
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 01/13/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/13/2010
Deemer Date:	Created By: Holly Parenti
Submitted By: Holly Parenti	Corresponding Filing Tracking Number:
Filing Description:	

Please accept this filing as an amendment to the Plan of Operations for our existing Medicare Select policy forms. As of 1/1/10, we will make available additional hospitals to our Medicare Select policyholders. Please see the list of hospitals and service area map for details of the facilities being added to the current network, and let me know if you have questions.

Company and Contact

SERFF Tracking Number: UNAM-126413939 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 44298
Company Tracking Number: PYR AMENDMENT
TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A
Medicare Select
Product Name: Medicare Select Plan of Operations Amendment
Project Name/Number: /

Filing Contact Information

Holly Parenti, hparenti@uafc.com
P.O. Box 958465 407-628-1776 [Phone] 8531 [Ext]
Lake Mary, FL 32795-8465

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 48-0557726
(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 for other form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pyramid Life Insurance Company	\$20.00	12/10/2009	32669302

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<i>TOI:</i>	<i>MS041 Individual Medicare Supplement - Medicare Select</i>	<i>Sub-TOI:</i>	<i>MS041.001 Plan A</i>
<i>Product Name:</i>	<i>Medicare Select Plan of Operations Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/13/2010	01/13/2010

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<i>TOI:</i>	<i>MS041 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS041.001 Plan A</i>
	<i>Medicare Select</i>		
<i>Product Name:</i>	<i>Medicare Select Plan of Operations Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 01/13/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-126413939 State: Arkansas

Filing Company: The Pyramid Life Insurance Company State Tracking Number: 44298

Company Tracking Number: PYR AMENDMENT

TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A
Medicare Select

Product Name: Medicare Select Plan of Operations Amendment

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	List of Network Hospitals	Accepted for Informational Purposes	Yes
Supporting Document	Amendment/Addendum	Accepted for Informational Purposes	Yes
Supporting Document	Radius map	Accepted for Informational Purposes	Yes

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TOI:	MS041 Individual Medicare Supplement - Medicare Select	Sub-TOI:	MS041.001 Plan A
Product Name:	Medicare Select Plan of Operations Amendment		
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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	List of Network Hospitals	Accepted for Informational Purposes	01/13/2010
Comments:			
Attachment:			
AR - Network Hospital List.pdf			

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Medicare Select
Product Name: Medicare Select Plan of Operations Amendment
Project Name/Number: /

Item Status: **Status**
Date:
Satisfied - Item: Amendment/Addendum Accepted for Informational 01/13/2010
Purposes
Comments:
Attachment:
Amendment-Addendum to Existing USA Medicare Contract.pdf

Item Status: **Status**
Date:
Satisfied - Item: Radius map Accepted for Informational 01/13/2010
Purposes
Comments:
Attachment:
AR - GEO Radius Map.pdf

FACILITY NAME	ADDRESS	CITY	ST	ZIP
LITTLE RIVER MEMORIAL HOSPITAL	451 W LOCKE ST	ASHDOWN	AR	71822
RIVENDELL BEHAVIORAL HEALTH SERVICES	100 RIVENDELL DR	BENTON	AR	72015
TIMBER RIDGE RANCH NEURO REHABILITATION	15000 HIGHWAY 298	BENTON	AR	72015
RIVER VALLEY MEDICAL CENTER	200 N 3RD ST	DARDANELLE	AR	72834
DEWITT HOSPITAL AND NURSING HOME	1641 S WHITEHEAD DR	DE WITT	AR	72042
HEALTHSOUTH REHABILITATION HOSPITAL	153 E MONTE PAINTER DR	FAYETTEVILLE	AR	72703
REGENCY HOSPITAL OF NW ARKANSAS	1125 N COLLEGE AVE	FAYETTEVILLE	AR	72703
HEALTHSOUTH REHABILITATION HOSPITAL OF F	1401 S J ST	FORT SMITH	AR	72901
SELECT SPECIALTY HOSPITAL FORT SMITH INC	1001 TOWSON AVE FL 6	FORT SMITH	AR	72901
HEALTHPARK HOSPITAL	1636 HIGDON FERRY RD	HOT SPRINGS	AR	71913
NATIONAL PARK MEDICAL CENTER	1910 MALVERN AVE	HOT SPRINGS	AR	71901
HEALTHSOUTH REHABILITATION HOSPITAL OF J	1201 FLEMING AVE	JONESBORO	AR	72401
NEA BAPTIST MEMORIAL HOSPITAL	3024 STADIUM BLVD	JONESBORO	AR	72401
SURGICAL HOSPITAL OF JONESBORO	909 ENTERPRISE DR	JONESBORO	AR	72401
ARKANSAS HEART HOSPITAL	1701 S SHACKLEFORD RD	LITTLE ROCK	AR	72211
DOCTORS HOSPITAL LITTLE ROCK	6101 W CAPITOL AVE	LITTLE ROCK	AR	72205
SELECT SPECIALTY HOSPITAL LITTLE ROCK IN	2 SAINT VINCENT CIR FL 6	LITTLE ROCK	AR	72205
UAMS MEDICAL CENTER	4301 W MARKHAM ST	LITTLE ROCK	AR	72205
FIVE RIVERS MEDICAL CENTER	2801 MEDICAL DR	POCAHONTAS	AR	72455
FULTON COUNTY HOSPITAL	679 NORTH MAIN ST	SALEM	AR	72576
ST VINCENT REHABILITATION HOSPITAL	2201 WILDWOOD AVE	SHERWOOD	AR	72120
REGENCY HOSPITAL OF SPRINGDALE	609 W MAPLE AVE FL 6	SPRINGDALE	AR	72764
LAWRENCE MEMORIAL HOSPITAL	1309 W MAIN ST	WALNUT RIDGE	AR	72476

Amendment/Addendum to the Existing USA Medicare Client Contract

It is hereby agreed by the parties that the existing Agreement entered into by American Exchange Life Insurance Company, American Pioneer Life Insurance Company, American Progressive Life and Health Insurance Company of New York, Constitution Life Insurance Company, Marquette National Life Insurance Company, Pennsylvania Life Insurance Company, Pyramid Life Insurance Company, Union Bankers Life Insurance Company, with additional companies including Peninsular Life Insurance Company, and Nationwide Life Insurance Company (each of which is hereinafter referred to as CLIENT) and USA Senior Care Network, Inc. (hereinafter referred to as USA), on October 12, 2005, be amended to add the following:

RECITALS

USA has developed Medicare Supplement network known as USA Medicare Select (USA/UAM), which include hospitals and medical facilities that have contracted with USA to provide services on a discounted basis to the clients and customers of USA. Among the hospitals with which USA has contracted are hospitals and medical facilities that have agreed to waive all or a portion of the Part A deductible for Medicare Supplement policyholders. CLIENT wants to access the USA/UAM Network for the benefit of its new Medicare Select policyholders/participants (hereinafter referred to as Participants). The purpose of this Amendment/Addendum is to set out the terms and provisions of the respective networks usage.

Section 2 (USA DUTIES AND OBLIGATIONS) shall hereby be amended to include the following:

- 2 a – g. USA will perform same services for the USA/UAM Network.
- 2. h. USA will negotiate contracts with Providers to participate in the USA/UAM Network, that will also contain a contractual agreement to waive all or a portion of the Medicare Part A deductible for Medicare patients.

Section 3 (CLIENT DUTIES AND OBLIGATIONS) shall hereby be amended to include the following:

- 3. b – i. CLIENT will perform same services as stated in Sections 3. b - f., h., and i. for the USA/UAM Network.
- 3. j. CLIENT will use the USA/UAM network exclusively for new Medicare Select Participant policies sold on or after January 1, 2010.
- 3. k. CLIENT will display a dual USA/UAM name and logo on its USA/UAM Participants' health benefit cards. CLIENT will identify all Participants as participating members to USA/UAM Network Providers at the time services are rendered and benefits are verified. CLIENT will display USA/UAM's name on the Explanation of Benefits.
- 3. l. CLIENT will provide USA in electronic format the total number of primary Participants participating in the USA/UAM Network by zip code on a quarterly basis beginning April, 2010.
- 3. m. CLIENT will provide USA in an electronic format quarterly claims payment data by facility, including facility name, EIN, address, total paid amount, and claim count.

Section 4 (FEES PAYABLE) shall hereby be amended to include the following:

- 4. a. – c. USA and CLIENT acknowledge Sections 4. a. – 4.c. shall not apply to the USA/UAM Network.
- 4. d. For access to the USA/UAM Network, CLIENT shall pay USA a fee equal to one percent (1%) of collected original/issue premium on all Medicare Select policies with effective dates on or after January 1, 2010. CLIENT agrees to remit fees due by the tenth (10th) day of each month with a payment summary report detailing the premium amounts and relevant fees by state. In addition, by the tenth (10th) of each month, CLIENT shall provide USA with an electronic claim file in USA's format [to include Network facility (name, EIN, address), patient name and/or policy #, claim number, date of service, deductible amount and

fee payable to USA (as applicable)] of all Medicare admissions processed for the prior month. All undisputed payments not paid within 45 days of the due date shall bear interest at the rate of one and one-half percent (1½%) per month from the due date until paid.

Section 24 shall hereby be added to include the following:

24. CLIENT EXISTING MEDICARE SELECT PARTICIPANT POLICIES

USA and CLIENT acknowledge and agree to the terms as provided herein Section 24 for CLIENT's existing Medicare Select Participants' (policies sold on or before December 31, 2009) access to the USA/UAM Network. For access to USA's Medicare Select Network for CLIENT's existing Medicare Select Participants (policies sold on or before December 31, 2009), CLIENT shall pay USA a fee equal to thirty-five (35%) of the Medicare Part A deductible per eligible admission for each case in which a Network Provider waives the Medicare Part A deductible for which CLIENT would otherwise be responsible under the terms of its policy. An appropriate fee in proportion to the portion of the Medicare Part A deductible waived shall be paid when the entire deductible is not waived. CLIENT agrees to remit fees due by the tenth (10th) day of each month. In addition, by the tenth (10th) of each month, CLIENT shall provide USA with an electronic claim file in USA's format [to include Network facility (name, EIN, address), patient name and/or policy #, claim number, date of service, deductible amount and fee payable to USA (as applicable)] of all Medicare Select admissions processed for the prior month. All undisputed payments not paid within 45 days of the due date shall bear interest at the rate of one and one-half percent (1½%) per month from the due date until paid.

All other terms and conditions of the Agreement between CLIENT and USA remain in full force and effect and unchanged by this modification. All parties agree to be bound by these terms and conditions.

IN WITNESS WHEREOF the parties hereto through their authorized representatives have agreed to this Amendment effective this 17th day of September, 2009

USA Senior Care Network, Inc.
916 South Capital of Texas Highway
Austin, Texas 78746

Signature

Donna Smith
Printed Name

Vice President/Chief of Staff
Title

Date

9/17/09

American Exchange Life Insurance Company

Signature

Gary W. Bryant
Printed Name

President & CEO
Title

Date

10/13/09

American Pioneer Life Insurance Company

Signature

Gary W. Bryant
Printed Name

President & CEO
Title

Date

10/13/09

American Progressive Life and Health Insurance
Company of New York

Gary W. Bryant
Signature

Gary W. Bryant
Printed Name

Executive Vice President
Title

10/13/09
Date

Constitution Life Insurance Company

Gary W. Bryant
Signature

Gary W. Bryant
Printed Name

President & CEO
Title

10/13/09
Date

Marquette National Life Insurance Company

Gary W. Bryant
Signature

Gary W. Bryant

President & CEO
Title

10/13/09
Date

Pennsylvania Life Insurance Company

Gary W. Bryant
Signature

Gary W. Bryant

President & CEO
Title

10/13/09
Date

Pyramid Life Insurance Company

Gary W. Bryant
Signature

Gary W. Bryant

ds

President + CEO

Title

10/13/09

Date

Union Bankers Life Insurance Company

Signature

Gary W. Bryant

Printed Name

President & CEO

Title

10/13/09

Date

Peninsular Life Insurance Company

Signature

Gary W. Bryant

N/A

Title

Date

Nationwide Life Insurance Company

Signature

Gary W. Bryant

Printed Name

N/A

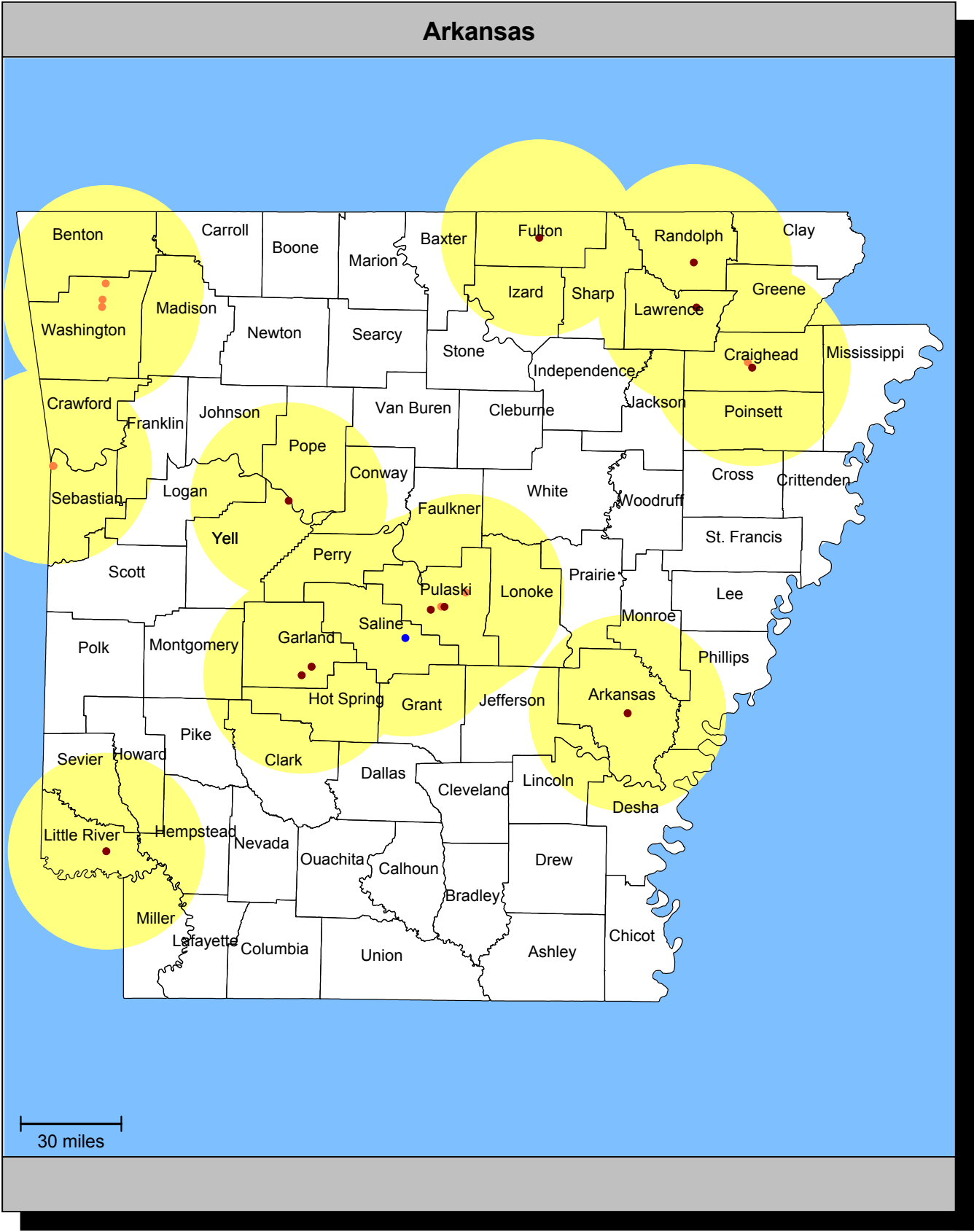
Title

Date

[Handwritten signature]

USA Managed Care

Provider Locations



Single

Multiple

1. USA MedSelect Acute Care

2. USA MedSelect Mental Health

3. USA MedSelect Other Hospitals

Service area: Arkansas

30 mile radius - All